

Plan Participant Information: Fill in for plan participants receiving a prescription with this order.

#1: ☐ Fill in oval if enrolled in Medicare Part B.

☐ Easy open caps.

Last Name

First Name

MI

Suffix (JR, SR)

Alternate Name (Nickname)

Gender: ☐ M ☐ F

Date of Birth:

E-mail address:

Doctor / Prescriber's Last Name

Doctor / Prescriber's First Name

Doctor / Prescriber's Telephone #

COMPLETE ALLERGY/HEALTH INFORMATION ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

Allergies: ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin ☐ Sulfonamides/Sulfa
☐ None ☐ Other: _____

Health Conditions: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ GERD (Acid Reflux) ☐ Glaucoma ☐ Heart Condition
☐ High Blood Pressure ☐ High Cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate Disorders ☐ Thyroid
☐ Other: _____

#2: ☐ Fill in oval if enrolled in Medicare Part B.

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Alternate Name (Nickname)

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☐ Other: _____

Comments/Special Instructions: _____

Method of Payment/Shipping Information

Please make check or money order payable to **Caremark**. Include ID# on all checks and money orders.

☐ Check ☐ Money Order or Cashier's Check ☐ Voucher/Coupon

Total payment enclosed: \$

Checks returned for insufficient funds will be subject to a \$25 processing fee.

(Excluding credit card payments)

OR pay by credit or debit card (preferred). We accept VISA®, MasterCard®, Discover® and American Express®.

☐ Fill in oval to charge most recently used credit card for this order and future orders for all participants included in the family.

☐ Fill in oval to charge most recently used credit card for this order only.

To add, change, or update your credit card information, write in below:

Credit/Debit Card Number

Expiration Date

Credit Card Holder Signature

Date

Your credit card will be billed for Rx costs and expedited shipping (if requested).

Plan participant acknowledges that eligibility under the prescription benefit is subject to Plan verification and that you/your dependents do not have primary prescription coverage under any other plan.

Your order will be shipped standard delivery at no charge. Allow 10 to 14 days for standard delivery. If you require faster delivery, mark the appropriate oval below. Expedited delivery only affects shipping time, not processing time of your order. Expedited shipments can only be sent to a street address, not a P.O. Box.

Fill in oval for expedited delivery:

☐ 2nd Business Day = \$13 (per order) ☐ Next Business Day = \$18 (per order)

(Charges subject to change.)

